

UTAH DEPARTMENT OF HEALTH  
**PERFORMANCE EVALUATION**

Employee Name	Division/Office	Evaluation Period 7/1/____ To 6/30/____ OR From: _____ To: _____		
Position Title	Employee Number	Class Code		
<b>Overall Rating:</b> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Pass (Code P)</span> <span><input type="checkbox"/> Fail (Code F)</span> </div> <p><b>PASS:</b> Employee has met all the requirements of the job.</p> <p><b>FAIL:</b> Employee has failed to meet the requirements of the job. Contact OHRM&amp;ED to start corrective action.</p>				
<b>Type of Evaluation:</b> <input type="checkbox"/> Annual <input type="checkbox"/> Probationary <input type="checkbox"/> Other (specify) _____				
<b>INSTRUCTIONS:</b> Evaluate each major task in the performance plan on predefined and mutually understood standards. Standards should be based on one or more of the following primary factors: (1) Quality, (2) Quantity, (3) Time, (4) Work Behavior				
<b>COMMENTS:</b> Document special strengths, examples of jobs well done and performance needing improvement.		<b>Rating</b> <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center; vertical-align: middle;">P</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center; vertical-align: middle;">F</td> </tr> </table>	P	F
P	F			
Results of Responsibility 1:				
Results of Responsibility 2:				
Results of Responsibility 3:				
Results of Responsibility 4:				

COMMENTS:	Document special strengths, examples of jobs well done and performance needing improvement.	Rating	
		P	F
Results of Responsibility 5:			
Results of Responsibility 6:			
Employee Development/Performance Improvement:			
Supervisor's Overall Comments: (optional)			
Employee's Comments: (optional)			
Has your emergency contact changed? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please complete the following: Name: _____ Relationship: _____ Address: _____ Phone Number: _____			
Employee Signature:		Date:	
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <b>NOTE: PROTECT YOUR RIGHTS.</b> Signature denotes you have reviewed this evaluation. If you agree please check the "Agree" box. If you do not agree, please check the "Disagree" box. It is recommended you comment for the record.			
Supervisor's Signature:		Date:	
Management's Signature:		Date:	